

Medicare Physician Guide

A Resource for Residents, Practicing Physicians, and Other Health Care Professionals



Errata Sheet

Errata Sheet Release Date: **August 2006**

Please note that since the implementation of this publication, the following corrections or changes have been identified:

Chapter 1: Introduction to the Medicare Program		
Page Number	Section Title and/or Number	Description of Change
14	Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	<p>Delete the second sentence and add the following sentences:</p> <p>Effective January 1, 2006 a financial limitation (therapy cap) was placed on physical therapy, occupational therapy, and speech-language pathology services received by Medicare beneficiaries in all settings except the outpatient hospital and the hospital emergency room. The Deficit Reduction Act of 2005 allows CMS to grant, at the request of the individual enrolled under the Part B benefit or a person acting on his or her behalf, exceptions to the therapy caps for medically necessary services that meet certain qualifications. The exceptions apply to services furnished during calendar year 2006.</p> <p><i>See CR 4364.</i></p>

Chapter 4: Medicare Payment Policies		
Page Number	Section Title and/or Number	Description of Change
73	Colorectal Cancer Screening	<p>Change the second sentence of the last paragraph as follows:</p> <p>Effective for services furnished on or after January 1, 2007, the beneficiary pays no Part B deductible and is responsible for paying the coinsurance or copayment for flexible sigmoidoscopies, colonoscopies, and barium enemas.</p> <p><i>See CR 5127.</i></p>

Chapter 4: Medicare Payment Policies

Page Number	Section Title and/or Number	Description of Change
79	Smoking and Tobacco Use Cessation Counseling	<p>Add the following as the third sentence of the last paragraph:</p> <p>The beneficiary may receive another 8 counseling sessions during a second or subsequent year after 11 full months have passed since the first covered cessation counseling session was furnished.</p>
80	Telehealth Services	<p>Add the following to the list practitioners at the distant site who may furnish and receive payment for telehealth services:</p> <ul style="list-style-type: none"> Registered dietitians (effective January 1, 2006); and Nutrition professionals (effective January 1, 2006). <p><i>See CR 4204.</i></p>
81	Telehealth Services	<p>Add the following to the current list of Medicare telehealth services:</p> <ul style="list-style-type: none"> MNT (HCPCS codes G0270, 97802, and 97803) (effective for services furnished on or after January 1, 2006) <p><i>See CR 4204.</i></p>
81	Telehealth Services	<p>Revise the first bullet under current list of Medicare telehealth services as follows:</p> <ul style="list-style-type: none"> Consultations (Current Procedural Terminology [CPT] codes 99241 – 99255®) (as of January 1, 2006); <p><i>See CR 5122.</i></p>

Chapter 5: Evaluation and Management Documentation

Page Number	Section Title and/or Number	Description of Change
86	<p>Initial Hospital Care, Emergency Department Visits, Office Visits for New Patients, Office Consultations, and Hospital Consultations</p> <p>Subsequent Hospital Care and Office Visits for Established Patients</p>	Delete sections.

Chapter 7: Inquiries, Overpayments, and Appeals

Page Number	Section Title and/or Number	Description of Change
184	Fee-for-Service Appeals	<p>Add the following new section:</p> <p>Provider Enrollment Appeals Process Under Section 936 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, effective August 14, 2006 an appeals process has been established for providers and suppliers whose Medicare enrollment application has been denied or whose billing privileges have been revoked. The appeal process includes the opportunity to request an appeal of a Contractor reconsideration, hearing before an ALJ, Departmental Appeals Board review, and judicial review. To find additional information about the provider enrollment appeals process, see the Medicare Program Integrity Manual (Pub. 100-08) at www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage on the CMS website.</p> <p><i>See CR 4354.</i></p>